

WEST VIRGINIA INSURANCE COMMISSION

FORM FILING ABSTRACT

INSTRUCTIONS:

All questions must be answered. (If none, state none.)

If this is a combination Rate & Form Filing, PCA-R Rate filing Abstract must also be completed. Companies filing as a group may use a consolidated abstract if all forms are identical. Individual companies and Group must be identified.

1. Date Filed _____ Proposed Effective Date _____

2. Company Name(s) _____

Group Name: _____

3. (a) Annual Statement Line of Business Number _____

(b) Class of business _____

(c) Coverages Affected _____

(d) Number of present policyholders potentially affected by this filing _____

4. (a) Name of Rating Organization, if any: _____

(b) Affiliation: Member ☐ Subscriber ☐

For Rules ☐ Rates ☐ Forms ☐

5. Is this a reference filing? Yes ☐ No ☐ If yes, provide the following:

(a) Filing designation and name _____

(b) Date of Filing _____

(c) Date Approved for use in WV _____

6. Provide the information requested on Page 2 of this form.

7. The information provided is correct to the best of my knowledge and belief.

(Signed) _____

(Title) _____

Old Form #	Old Form Effective Date	New form #	Description of changes	Mandatory or Optional?	Broaden, Restrict, or Clarify Coverage?